OVERPAYMENT REFERRAL FORMAT

In referring overpayment accounts to ED, the institution must provide all the information listed. Also, each referral *must be* typed and submitted on institutional letterhead.

PART 1. Student Information

Name: Social Security Number(s):   Date of Birth:
Address(es):   Telephone Number(s):

PART 2. Parent/Spouse Information

Name(s):   Social Security Number(s):
Address(es):   Telephone Number(s):

PART 3. Disbursements and Repayments

1. Name of aid program: _____

2. Total amounts disbursed: $_____

    a. Amount credited to tuition account: $_____
    b. Amount disbursed in hand: $_____

3. Dates of disbursement(s): _____   _____

4. Costs incurred by student: $_____

5. Amount determined to be owed: $_____

6. Total amount of debt repaid to institution: $_____

7. Date of last payment to institution, if any: _____

8. Total amount being referred: $_____
    (For FSEOG, provide federal share amount only)

PART 4. Other Required Information

Award Year of Overpayment:
Student Education Costs:
Name and Telephone Number of Institutional Contact:
Pell Identification Number of Institution:

PART 5. Detailed Explanation of Reason for Overpayment

Provide a detailed explanation of the reason for the overpayment. Each account reported to ED *must* contain this explanation.

FORWARD THE REFERRAL INFORMATION TO:	**U.S. Department of Education** Student Financial Assistance Programs c/o Student Loan Processing Center Program Overpayments P.O. Box 4157 Greenville, Texas 75403